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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Bryant Dakotan		2. DATE: 9-25-2019
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 50	3B. ANNUAL SUBSCRIPTION PRICE $: 30-40
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 19242 Sauder Ave, PO Box 127, Bryant SD 57221-0127		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): 19242 Sauder Ave., PO Box 127, Bryant, SD 57221-0127		
6. FULL NAME OF PUBLISHER: Stephanie Sauder		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: Stephanie Sauder	COMPLETE MAILING ADDRESS: PO Box 94, Bryant, SD 57221-0094	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. N/A		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	400	414
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	30	46
2. Mail Subscription (Paid and or requested)	275	301
3. Paid Electronic Copies	0	14
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	303	361
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	10	10
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	10	15
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	323	386
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	73	15
2. Return from News Agents	17	13
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	400	414

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Stephanie Sauder (Signature)

Publisher/owner (Title)

State of South Dakota)
County of Hamlin)

Sworn to before me this 30 day of September, 2019

Kristie Sikkink
Notary Public

(Seal)

KRISTIE SIKKINK
NOTARY PUBLIC SOUTH DAKOTA

My commission expires: 2/9/23

Form: SOS REC 051 9/2016